

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/560362

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4				1		
5					1	
6					1	
7					1	
8					1	
9					1	
10					1	
11					1	
12					1	
13					1	
14					1	
15		1			1	
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49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	17	←	16	←	←	
TOTAL CLAIMS	18		17			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					↓	
TOTAL DEP.					←	←
TOTAL CLAIMS					←	←